

C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Please Print or Type)

Section I

Form with fields for Name of Candidate (Mike P. Mitchell), Office Sought (State Representative 7), Mailing Address (1916 Gateway Drive, Lewiston 83501), Home Phone (746-6313), Work Phone (Same), Name of Political Treasurer (Lester L. Rawls), and their respective addresses and phone numbers.

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 6/5/04 through 9/30/04

- Checkboxes for report types: 7 Day Pre-Primary Report, 30 Day Post-Primary Report, October 10 Pre-General Report, 7 Day Pre-General Report, 30 Day Post-General Report, Annual Report, Semi-Annual Report (Statewide Candidates Only).

Is this Report an amendment? [] Yes [x] No Is this a Termination Report? [] Yes [x] No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

[] I hereby certify that I have received no contributions and have made no expenditures during this reporting period from ___/___/___ through ___/___/___.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

Table with 3 columns: Line description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and Outstanding Debt.

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V

CERTIFICATION

Return This Report To: Ben Ysursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, phone: (208) 334-2852, fax: (208) 334-2282

I LESTER L. RAWLS, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer (Lester L. Rawls)

Vertical stamp: RECEIVED STATE OF IDAHO OCT 11 PM 7:36

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DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Mike P. Mitchell</u>	Report Covering the Period From <u>5/5/04</u> to <u>9/30/04</u>
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number <u>25</u>	Total Amount \$ <u>830.¹⁰</u>
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UNITEMIZED EXPENDITURES
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number <u>1</u>	Total Amount \$ <u>7.⁹¹</u>
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	Total This Period
<u>3</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 830. ¹⁰
Itemized Contributions (total all Schedule A sheets)	\$ 8,500. ⁰⁰
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 9,330. ¹⁰
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 7. ⁹¹
Itemized Expenditures (total all Schedule B sheets)	\$ 2,400. ⁴⁹
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ - 0 -
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2,408. ⁴⁰
<u>0</u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ - 0 -
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ - 0 -
Subtotal	= \$ - 0 -
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ - 0 -
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ - 0 -
<u>0</u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ - 0 -

**SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period**

Page 1 of 3

Name of Candidate or Committee
Mike P. Mitchell

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>6/30/04</u>	¹ PAC EDUCATION PO Box 2638 Boise, ID 83701	\$ <u>1,000.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1,000.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>7/9/04</u>	² Bruce Sweeney PO Box 604 Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>7/15/04</u>	³ LESTER L. RAWLS 2320 5th ST. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>7/15/04</u>	⁴ John Tait 328 VISTA Lewiston, ID 83501	\$ <u>500.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>7/26/04</u>	⁵ Richard Riggs 701 9th Ave. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/21/04</u>	⁶ Mary Heusinkveld 2839 MAYFAIR DR. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/10/04</u>	⁷ James Snodgrass 2034 14th ST. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/10/04</u>	⁸ Mike Mitchell 1916 GATEWAY DR. Lewiston, ID 83501	\$ <u>1,000.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1,000.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/26/04</u>	⁹ MERCK PO Box 4 Westpoint, PA 19486	\$ <u>250.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>3,250.⁰⁰</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>3,250.⁰⁰</u>

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SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

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Name of Candidate or Committee
Mike P. Mitchell

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>8/26/04</u>	¹ Idaho Medical Assn. PO Box 2668 Boise, ID 83701	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>450.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>8/26/04</u>	² Coeur d'Alene RACING LTD 5100 River Bend Post Falls, ID 83854	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>8/30/04</u>	³ Idaho STATE AFL-CIO 412 E 41ST ST, PAC Suite 5, Boise, ID 83714	\$ <u>1,000.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1,000.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/9/04</u>	⁴ QWEST 999 MAIN ST. Boise, ID 83702	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>300.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/13/04</u>	⁵ Idaho POWER Co. PO Box 70 Boise, ID 83707	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/16/04</u>	⁶ Idaho Comm. on HOSPITALITY & SPORTS PO Box 6200 Coeur d'Alene, ID 83816	\$ <u>1,000.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1,000.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/16/04</u>	⁷ VERIZON PO Box 2167 Folsom, CA 95763	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/23/04</u>	⁸ IBWDA PAC PO Box 863 Boise, ID 83701	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>9/23/04</u>	⁹ PHARMACEUTICAL Research 1100 15th ST. N.W. WASHINGTON, D.C. 20005	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ <u>4,100.00</u> 0.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ <u>4,100.00</u> 0.00

**SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period**

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Name of Candidate or Committee
Mike P. Mitchell

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>9/23/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	¹ Richard Alford 502 25th Ave. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/23/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	² P.K. Henderson 2405 5th St. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/29/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	³ Blue Cross of Idaho PO Box 7408 Boise, ID 83707	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/29/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	⁴ IRONWORKERS PAC 1902 S.E. Morrison St. Portland, OR 97214	\$ <u>200.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>200.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/29/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	⁵ John X. Combo 1050 Stanger Ave. Idaho Falls, ID 83404	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/29/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	⁶ Boise Firefighters PAC 211 N. 18th St. Boise, ID 83702	\$ <u>250.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>250.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/30/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	⁷ Richard Wagner 650 21st Ave. Lewiston, ID 83501	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>100.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>9/30/04</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	⁸ John Vassar 1622 2nd St. Lewiston, ID 83501	\$ <u>200.⁰⁰</u>	\$ _____	\$ _____
		\$ <u>200.⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	⁹	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ <u>1,150.⁰⁰</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>1,150.⁰⁰</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

Page 1 of 2

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee
Mike P. Mitchell

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
7/12/04	¹ Nez Perce County Democrats c/o Liz Chavez 1521 15th Ave. Lewiston, ID 83501	\$ <u>50.00</u>	\$ _____
Purpose of Above Expenditure: <u>Brochures</u>			
7/15/04	² Steeley Printing 201 C ST. Lewiston, ID 83501	\$ <u>36.99</u>	\$ _____
Purpose of Above Expenditure: <u>Election Supplies</u>			
7/15/04	³ Idaho Impressions 844 D ST. Lewiston, ID 83501	\$ <u>845.35</u>	\$ _____
Purpose of Above Expenditure: <u>Election Signs</u>			
8/19/04	⁴ Idaho Democrats Party Boise, ID 83701	\$ <u>1,000.00</u>	\$ _____
Purpose of Above Expenditure: <u>Campaign Coordinator</u>			
8/24/04	⁵ Steeley Printing 201 C ST. Lewiston, ID 83501	\$ <u>183.15</u>	\$ _____
Purpose of Above Expenditure:			
9/1/04	⁶ Mike Naccarato Comm. 2328 12th Ave. Lewiston, ID 83501	\$ <u>100.00</u>	\$ _____
Purpose of Above Expenditure: <u>Donation for Campaign</u>			
Subtotals of Columns A & B		\$ <u>2,215.49</u> 000	\$ <u>0.00</u>
Total This Page (add columns A & B)			\$ <u>2,215.49</u> 000

SCHEDULE B ITEMIZED EXPENDITURES

Page 2 of 2

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee
Mike P. Mitchell

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>9.11.04</u>	^{1.} <u>Nez Perce Co. DEMOCRATS</u> <u>c/o Liz Chavez</u> <u>1521 15th Ave.</u> <u>Lewiston, ID 83501</u>	\$ <u>100.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Election Expense</u>			
<u>9.13.04</u>	^{2.} <u>Charlotte Kremer</u> <u>1120 Airway Dr.</u> <u>Lewiston, ID 83501</u>	\$ <u>60.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Supplies for Democrat Meeting</u>			
<u>9.18.04</u>	^{3.} <u>Wittman for Commissioner</u> <u>1709 Burrell Ave.</u> <u>Lewiston, ID 83501</u>	\$ <u>25.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Contribution for campaign</u>			
<u> / /</u>	^{4.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	^{5.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	^{6.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>185.⁰⁰</u> 000	\$ <u>0.00</u>
Total This Page (add columns A & B)			\$ <u>185.⁰⁰</u> 000

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SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

Name of Candidate or Committee Mike P. Mitchell	Report Covering the Period From 6/5/04 to 9/30/04
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Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number 0 Total Amount \$ 0

Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	11.	

None

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ 0.00

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ 0

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1. \$ 0.00

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SCHEDULE C-2B EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT

Name of Candidate or Committee MIKE P. MITCHELL	Report Covering the Period From 6/5/04 to 9/30/04
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period: Total Number 0 Total Amount \$ 0

Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:

Full Name, Mailing Address and Zip Code or Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
2.	
<i>None</i>	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
3.	
<i>/</i>	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
4.	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
5.	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	

Totals of this Page

Line 2: Amount Incurred This Period (Carry forward to Page 2, Under Incurred Expenditures) \$ 0

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 0